

**Application for Playing Book Approval**

CGCC-CH3-01 (Rev. 09/21)

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BUREAU USE ONLY

BGC ID# \_\_\_\_\_

**MAIL COMPLETED FORM AND FEE TO:**

BUREAU OF GAMBLING CONTROL

P.O. Box 168024

Sacramento, CA 95816-8024

(916) 830-1700

**COMMERCIAL/EXPRESS DELIVERIES ONLY**

BUREAU OF GAMBLING CONTROL

ATTN: THIRD-PARTY PROVIDER UNIT

2450 Del Paso Road, Suite 100

Sacramento, CA 95834

**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE YOU COMPLETE THIS FORM**

All information must be typed or printed legibly in blue or black ink. If the space available is insufficient, attach a separate sheet of paper and precede each answer with the applicable section number. Please review California Code of Regulations, Title 4, Sections 12250 to 12290, prior to submitting a playing book for approval. Failure to provide the requested information may result in the abandonment or denial of this application.

**Enclose a check or money order made payable to: Bureau of Gambling Control****SECTION 1: TYPE OF FORM SUBMITTED (check one box and submit the additional required items)**

☐ HARD COPY PLAYING BOOK FORM  
COMPLETE SECTIONS 2, 3, 7 & 8

☐ ELECTRONIC PLAYING BOOK SYSTEM  
COMPLETE SECTIONS 2, 3, 4, 5, 7 & 8

**SECTION 2: TYPE OF APPROVAL REQUESTED (check one box)**

☐ INITIAL

☐ AMENDMENT

IN ADDITION TO THE SECTIONS IDENTIFIED ABOVE, COMPLETE SECTION 6

**SECTION 3: TPPPS BUSINESS LICENSEE INFORMATION**

FULL NAME OF TPPPS BUSINESS LICENSEE (BUSINESS ENTITY OR SOLE PROPRIETOR)

LICENSE NUMBER

**SECTION 4: INFORMATION TECHNOLOGY TECHNICIAN CONTACT INFORMATION***(Must be licensed pursuant to CCR §12260(j))*

LAST NAME

FIRST NAME

LICENSE NUMBER

MAILING ADDRESS (NUMBER/STREET/SUITE)

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

FAX NUMBER

EMAIL ADDRESS

**SECTION 5: DESCRIBE HOW THE SIGNATURE WILL BE INDICATED (FOR ELECTRONIC PLAYING BOOK SYSTEMS ONLY)**

**SECTION 6: BRIEFLY EXPLAIN THE REASON FOR THE AMENDMENT AND IDENTIFY THE CHANGES**  
**(FOR AMENDMENTS ONLY)**

**SECTION 7: ADDITIONAL REQUIRED ITEMS**

THE FOLLOWING ITEMS **MUST** BE SUBMITTED WITH THIS COMPLETED FORM, AS APPLICABLE. PROVIDE COPIES OF DOCUMENTS UNLESS OTHERWISE STATED. FAILURE TO PROVIDE THE REQUESTED INFORMATION MAY RESULT IN THE ABANDONMENT OR DENIAL OF YOUR APPLICATION.

MARK THE BOX NEXT TO EACH ATTACHED ITEM.

APPLICATION FEE:

☐ INITIAL HARD COPY PLAYING BOOK FORM: \$75

☐ INITIAL ELECTRONIC PLAYING BOOK SYSTEM: \$1200

☐ AMENDMENT TO HARD COPY PLAYING BOOK FORM: \$75

☐ AMENDMENT TO ELECTRONIC PLAYING BOOK SYSTEM: \$94

**FOR HARD COPY PLAYING BOOK FORM:**

☐ SAMPLE PLAYING BOOK FORM

**FOR ELECTRONIC PLAYING BOOK SYSTEM:**

☐ SCREEN SHOTS OR PICTURES OF THE FORM AS IT APPEARS ON THE DEVICE

☐ PRINTED PLAYING BOOK FORM

☐ CERTIFICATION FROM AN INDEPENDENT GAMING TESTING LABORATORY

☐ CHART OF SYSTEM ACCESS

☐ WRITTEN SUMMARY OF THE DESIGN AND OPERATION OF THE SYSTEM

AT LEAST ONE OF  
THE FOLLOWING:

☐ A VIDEO OF THE SYSTEM IN OPERATION

☐ A PROTOTYPE DEVICE WITH WRITTEN  
INSTRUCTIONS AND NECESSARY ACCESS

☐ A LIVE DEMONSTRATION OF THE SYSTEM WILL BE  
PROVIDED

ADDITIONAL DOCUMENTATION MAY BE REQUIRED BY THE BUREAU OF GAMBLING CONTROL.

**SECTION 8: SIGNATURE**

PRINTED NAME

SIGNATURE

CAPACITY

DATE (MM/DD/YYYY)

*This form must be signed by the appropriate person identified below:*

- *If licensee is a corporation, LLC, or joint venture then by an authorized officer.*
- *If licensee is a general partnership or limited partnership then by an authorized partner.*
- *If licensee is a sole proprietor then by the owner.*
- *If licensee is a trust then by an authorized trustor or trustee.*
- *If licensee is a natural person then by the licensee.*